

Saline County Questionnaire
July 12, 2000
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INTRODUCTION:

HELLO, I'm [interviewer name] calling for the Saline County Alliance For A Healthy Community and the Kansas Department of Health and Environment. We're gathering information on the health practices of Saline County residents to guide health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits which may affect health.

Is this [phone number]? [if 'yes', proceed]

Is this a private residence ? [if 'yes', proceed]

Is this residence located in Saline County, Kansas? [if 'yes', proceed]

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older ?

How many of these adults are men ?

How many of these adults are women ?

The person in your household I need to speak with is the [randomly selected adult].

To correct respondent:

We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes 15 minutes.

All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1. Would you say that in general your health is:

Please Read

- | | |
|--------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |

Do not read these responses	Don't know/Not Sure	7
	Refused	9

Section 2: Health Care Access

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- | | |
|--------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 4b | 2 |
| Don't know/Not sure Go to Q. 7 | 7 |
| Refused Go to Q. 7 | 9 |

3. Do you have Medicare?

- | | | |
|---|---------------------|---|
| Medicare is a coverage plan for people 65 or over and for certain disabled people | a. Yes Go to Q. 7 | 1 |
| | b. No | 2 |
| | Don't know/not sure | 7 |
| | Refused | 9 |

- 4a. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through: **Please Read**

- | | | |
|--|-------------------|-----|
| a. Your employer | Go to Q. 6 | 0 1 |
| b. Someone else's employer | Go to Q. 6 | 0 2 |
| c. A plan that you or someone else buys on your own | Go to Q. 6 | 0 3 |
| d. Medicare | Go to Q. 6 | 0 4 |
| e. Medicaid or Medical Assistance [or substitute state program name] | Go to Q. 6 | 0 5 |
| f. The military, CHAMPUS, or the VA [or CHAMP-VA] | Go to Q. 6 | 0 6 |
| g. The Indian Health Service [or the Alaska Native Health Service] | Go to Q. 6 | 0 7 |
| or | | |
| h. Some other source | Go to Q. 6 | 0 8 |
| None | Go to Q. 5 | 8 8 |
| Don't know/Not sure | Go to Q. 6 | 7 7 |
| Refused | Go to Q. 6 | 9 9 |

**Do not
read these
responses**

4b. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	Go to Q.6	0 1
	b. Someone else's employer	Go to Q.6	0 2
	c. A plan that you or someone else buys on your own	Go to Q.6	0 3
	d. Medicare	Go to Q.6	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	Go to Q.6	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	Go to Q.6	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] or	Go to Q.6	0 7
	h. Some other source	Go to Q.6	0 8
	None		8 8
Do not read these responses	Don't know/Not sure	Go to Q. 7	7 7
	Refused	Go to Q. 7	9 9

5. About how long has it been since you had health care coverage?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| Go to Q. 7 | |
| b. Within the past year (6 to 12 months ago) | 2 |
| Go to Q. 7 | |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| Go to Q. 7 | |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| Go to Q. 7 | |
| e. 5 or more years ago Go to Q. 7 | 5 |
| Don't know/Not sure Go to Q.7 | 7 |
| Never Go to Q. 7 | 8 |
| Refused Go to Q. 7 | 9 |

6. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

8. Is there one particular doctor or health professional who you usually go to when you need routine medical care?

If "no," ask a. Yes, only one 1
 "Is there more
than one or is b. More than one 2
 there no usual c. No 3
 doctor who you go to?"
 Don't know/Not sure 7
 Refused 9

9. About how long has it been since you last visited a doctor for a routine checkup?

Read Only if Necessary

a. Within the past year (1 to 12 months ago) 1
 b. Within the past 2 years (1 to 2 years ago) 2
 c. Within the past 5 years (2 to 5 years ago) 3
 d. 5 or more years ago 4
 Don't know/Not sure 7
 Never 8
 Refused 9

Section 3: Hypertension Awareness

10. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never Go to Q. 13 | 8 |
| Refused | 9 |

11. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- | | |
|---------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 13 | 2 |
| Don't know/Not sure Go to Q. 13 | 7 |
| Refused Go to Q. 13 | 9 |

12. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- | | |
|---------------------|---|
| a. More than once | 1 |
| b. Only once | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 4: Cholesterol Awareness

13. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (48)

- a. Yes 1
- b. No Go to Q. 16 2
- Don't know/Not sure Go to Q. 16 7
- Refused Go to Q. 16 9

14. About how long has it been since you last had your blood cholesterol checked? (49)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (50)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

Section 5: Diabetes

16. Have you ever been told by a doctor that you have diabetes? (51)

If "Yes" and female, ask "Was this only when you were pregnant?"	a. Yes	1
	b. Yes, but female told only during pregnancy	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

17. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (52)

a. Yes	1
b. No Go to Q. 27	2
Don't know/Not sure Go to Q. 27	7
Refused Go to Q. 27	9

18. What type of physical activity or exercise did you spend the most time doing during the past month? (53-54)

Activity (specify): _____
See coding list A

Refused Go to Q. 22 9 9

Ask Q. 19 only if answer to Q. 18 is running, jogging, walking, or swimming. All others, go to Q. 20.

19. How far did you usually walk/run/jog/swim? (55-57)

See coding list B if response is not in miles and tenths	Miles and tenths	—	—	—
	Don't know/Not sure	7	7	7
	Refused	9	9	9

20. How many times per week or per month did you take part in this activity during the past month? (58-60)

a. Times per week	1	—	—
b. Times per month	2	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

21. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (61-63)

Hours and minutes	—	:	—	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

22. Was there another physical activity or exercise that you participated in during the last month? (64)

a. Yes	1
b. No Go to Q. 27	2
Don't know/Not sure Go to Q. 27	7
Refused Go to Q. 27	9

23. What other type of physical activity gave you the next most exercise during the past month? (65-66)

Activity (specify):	_____	—	—
	See coding list A		
Refused Go to Q. 27	9	9	

Ask Q. 24 only if answer to Q. 23 is running, jogging, walking, or swimming. All others go to Q25.

24. How far did you usually walk/run/jog/swim? (67-69)

See coding
list B if
response is
not in
miles and
tenths

Miles and tenths	—	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

25. How many times per week or per month did you take part in this activity? (70-72)

a. Times per week	1	—	—
b. Times per month	2	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

26. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (73-75)

Hours and minutes	—	:	—	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

Section 7: Seat Belt Use

27. How often do you use seatbelts when you drive or ride in a car? (76)

Would you say: **Please Read**

- | | |
|------------------------------|---|
| a. Always | 1 |
| b. Nearly Always | 2 |
| c. Sometimes | 3 |
| d. Seldom | 4 |
| or | |
| e. Never | 5 |
| Don't know/Not sure | 7 |
| Never drive or ride in a car | 8 |
| Refused | 9 |

Do not
read these
responses

28. What is the age of the oldest child in your household under the age of 16? (77-78)

Code
<1 yr.
as "01"

- | | |
|--|-----|
| a. Code age in years | |
| b. No children under age 16 Go to Q. 30 | 8 8 |
| Don't know/Not sure Go to Q. 30 | 7 7 |
| Refused Go to Q. 30 | 9 9 |

29. How often does the [fill in age from Q. 22]-year-old child in your household use a... (79)

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say: **Please Read**

- | | |
|----------------------|---|
| a. Always | 1 |
| b. Nearly always | 2 |
| c. Sometimes | 3 |
| d. Seldom | 4 |
| or | |
| e. Never | 5 |
| Don't know/Not sure | 7 |
| Never rides in a car | 8 |
| Refused | 9 |

**Do not
read these
responses**

Section 8: Tobacco Use

30. Have you smoked at least 100 cigarettes in your entire life? (80)

5 packs
= 100
ciga-
rettes

- a. Yes 1
- b. No Go to Q. 35 2
- Don't know/Not sure Go to Q. 35) 7
- Refused Go to Q. 35 9

31. Do you now smoke cigarettes everyday, some days, or not at all? (81)

- a. Everyday 1
- b. Some days Go to Q. 32a 2
- c. Not at all Go to Q. 34 3
- Refused Go to Q. 35 9

32. On the average, about how many cigarettes a day do you now smoke? (82-83)

1 pack
= 20
ciga-
rettes

- Number of cigarettes Go to Q. 33
- Don't know/Not sure Go to Q. 33 7 7
- Refused Go to Q. 33 9 9

32a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (84-85)

1 pack
= 20
ciga-
rettes

- Number of cigarettes Go to Q. 35
- Don't know/Not sure Go to Q. 35 7 7
- Refused Go to Q. 35 9 9

33. During the past 12 months, have you quit smoking for 1 day or longer?
(86)

- | | |
|---------------------------------|---|
| a. Yes Go to Q. 35 | 1 |
| b. No Go to Q. 35 | 2 |
| Don't know/Not sure Go to Q. 35 | 7 |
| Refused Go to Q. 35 | 9 |

34. About how long has it been since you last smoked cigarettes regularly,
that is, daily? (87-88)

Read Only if Necessary

- | | |
|---|-----|
| a. Within the past month (0 to 1 month ago) | 0 1 |
| b. Within the past 3 months (1 to 3 months ago) | 0 2 |
| c. Within the past 6 months (3 to 6 months ago) | 0 3 |
| d. Within the past year (6 to 12 months ago) | 0 4 |
| e. Within the past 5 years (1 to 5 years ago) | 0 5 |
| f. Within the past 15 years (5 to 15 years ago) | 0 6 |
| g. 15 or more years ago | 0 7 |
| Don't know/Not sure | 7 7 |
| Never smoked regularly | 8 8 |
| Refused | 9 9 |

Section 9: Smokeless Tobacco Use

35. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (89)

Probe for chewing tobacco, snuff, or both	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither Go to Q. 37	4
	Don't know/Not sure Go to Q. 37	7
	Refused Go to Q. 37	9

36. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (90)

"Yes" includes occa- sional use	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

Section 10: Demographics

37. What is your age? (91-92)

Code age in years

Don't know/Not sure 0 7

Refused 0 9

38. What is your race? (93)

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

or

e. Other: (specify)_____ 5

Do not Don't know/Not sure 7

read these

responses Refused 9

39. Are you of Spanish or Hispanic origin? (94)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

40. Are you: (95)

Please Read

- | | |
|------------------------------------|---|
| a. Married | 1 |
| b. Divorced | 2 |
| c. Widowed | 3 |
| d. Separated | 4 |
| e. Never been married | 5 |
| or | |
| f. A member of an unmarried couple | 6 |
| Refused | 9 |

41. How many children live in your household who are...

Please Read

- | | | |
|----------------------|-----------------------------|----------|
| Code 1-9 | a. less than 5 years old? | ___ (96) |
| 7 = 7 or more | | |
| 8 = None | b. 5 through 12 years old? | ___ (97) |
| 9 = Refused | | |
| | c. 13 through 17 years old? | ___ (98) |

42. What is the highest grade or year of school you completed? (99)

Read Only if Necessary

- | | |
|---|---|
| a. Never attended school or only kindergarten | 1 |
| b. Grades 1 through 8 (Elementary) | 2 |
| c. Grades 9 through 11 (Some high school) | 3 |
| d. Grade 12 or GED (High school graduate) | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate) | 6 |
| Refused | 9 |

43. Are you currently: (100)

Please Read

- | | |
|-------------------------------------|---|
| a. Employed for wages | 1 |
| b. Self-employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| g. Retired | 7 |
| or | |
| h. Unable to work | 8 |
| Refused | 9 |

44. Is your annual household income from all sources: (101-102)

Read as Appropriate

**If res-
pondent
refuses
at any
income
level,
code
refused**

- | | |
|--|-----|
| a. Less than \$25,000 If "no," ask e; if "yes," ask b
(\$20,000 to less than \$25,000) | 0 4 |
| b. Less than \$20,000 If "no," code a; if "yes," ask c
(\$15,000 to less than \$20,000) | 0 3 |
| c. Less than \$15,000 If "no," code b; if "yes," ask d
(\$10,000 to less than \$15,000) | 0 2 |
| d. Less than \$10,000 If "no," code c | 0 1 |
| e. Less than \$35,000 If "no," ask f
(\$25,000 to less than \$35,000) | 0 5 |
| f. Less than \$50,000 If "no," ask g
(\$35,000 to less than \$50,000) | 0 6 |
| g. Less than \$75,000 If "no," code h
(\$50,000 to \$75,000) | 0 7 |
| h. \$75,000 or more | 0 8 |

**Do not
read these
responses**

- | | |
|---------------------|-----|
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

45. About how much do you weigh without shoes? (103-105)

Round **Weight**

fractions	pounds	
up	Don't know/Not sure	7 7 7
	Refused	9 9 9
46. About how tall are you without shoes?		(106-108)
Round	Height	___/
fractions	ft/inches	
down	Don't know/Not sure	7 7 7
	Refused	9 9 9
47. What is your zip code?		(109-113)
	Zip code	
	Don't know/not sure	7 7 7 7 7
	Refused	9 9 9 9 9
48. Do you have more than one telephone number in your household?		(114)
	a. Yes	1
	b. No Go to Q. 50	2
	Refused Go to Q. 50	9
49. How many residential telephone numbers do you have?		(115)
Exclude ded- icated fax and computer lines	Total telephone numbers [8=8 or more]	
	Refused	9
50. Indicate sex of respondent. Ask Only if Necessary		(116)
	Male Go to Q. 62	1
	Female	2

Section 11: Women's Health

These next few questions ask about medical exams you may have received.

51. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (117)

- a. Yes 1
- b. No Go to Q. 54 2
- Don't know/Not sure Go to Q. 54 7
- Refused Go to Q. 54 9

52. How long has it been since you had your last mammogram? (118)

Read only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

53. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?(119)

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

54. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?(120)

- a. Yes 1

- | | | |
|-------|---------------------|---|
| b. No | Go to Q. 57 | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
55. How long has it been since your last breast exam? (121)
- Read Only if Necessary**
- | | | |
|----|--|---|
| a. | Within the past year (1 to 12 months ago) | 1 |
| b. | Within the past 2 years (1 to 2 years ago) | 2 |
| c. | Within the past 3 years (2 to 3 years ago) | 3 |
| d. | Within the past 5 years (3 to 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
56. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (122)
- | | | |
|----|----------------------------------|---|
| a. | Routine Checkup | 1 |
| b. | Breast problem other than cancer | 2 |
| c. | Had breast cancer | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
57. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (123)
- | | | |
|----|---------------------|-------------|
| a. | Yes | 1 |
| b. | No | Go to Q. 60 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

58. How long has it been since you had your last Pap smear? (124)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

59. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (125)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

60. Have you had a hysterectomy? (126)

- a. Yes **Go to Q. 62** 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

**A hysterec-
tomy is an
operation
to remove the
uterus (womb)**

If respondent 45 years old or older, go to Q. 62.

61. To your knowledge, are you now pregnant?	(127)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Section 12: Immunization

62. During the past 12 months, have you had a flu shot? (128)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
63. Have you ever had a pneumonia vaccination? (129)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Section 13: HIV/AIDS

If respondent is 65 years old or older, go to Section 14.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

64. What are your chances of getting infected with HIV, the virus that causes AIDS? (130)

Would you say:	Please Read	
a. High		1
b. Medium		2
c. Low		3
d. None		4
	Not applicable (Have HIV) Go to Q. 66	5
	Don't know/Not sure	7
	Refused	9

Do not
read these
responses

65. Have you ever had your blood tested for HIV? (131)

a. Yes	1
b. No Go to Q. 70	2
Don't know/Not sure Go to Q. 70	7
Refused Go to Q. 70	9

66. When was your last blood test for HIV? (132-135)

Code month and year	__ __/
Don't know/Not sure	7 7 7 7
Refused	9 9 9 9

67. What was the main reason you had your last blood test for HIV?
(136-137)

Reason code

Read only if necessary

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

68. Where did you have your last blood test for HIV?

(138-139)

Facility Code

Read only if necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

69. Did you receive the results of your last test?	(140)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Section 14: Quality of Life

These next questions are about limitations you may have in your daily life.

70. Are you limited in any way in any activities because of any impairment or health problem? (141)
- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 75 | 2 |
| Don't know/Not sure Go to Q. 75 | 7 |
| Refused Go to Q. 75 | 9 |
71. What is the major impairment or health problem that limits your activities? (142-143)
- | | |
|---|-----|
| a. Arthritis/rheumatism | 0 1 |
| b. Back or neck problem | 0 2 |
| c. Fractures, bone/joint injury | 0 3 |
| d. Walking problem | 0 4 |
| e. Lung/breathing problem | 0 5 |
| f. Hearing problem | 0 6 |
| g. Eye/vision problem | 0 7 |
| h. Heart problem | 0 8 |
| i. Stroke problem | 0 9 |
| j. Hypertension/high blood pressure | 1 0 |
| k. Diabetes | 1 1 |
| l. Cancer | 1 2 |
| m. Depression/anxiety/emotional problem | 1 3 |
| n. Other impairment/problem | 1 4 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |
72. For how long have your activities been limited because of your major impairment or health problem? (144-145)
- | | |
|---------|---|
| a. Days | 1 |
|---------|---|

b. Weeks	2		
c. Months	3		
d. Years	4		
Don't know/Not Sure	7	7	7
Refused	9	9	9

73. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (146)

a. Yes	1		
b. No	2		
Don't know/Not sure	7		
Refused	9		

74. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (147)

a. Yes	1		
b. No	2		
Don't know/Not sure	7		
Refused	9		

75. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?
(148-149)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

76. During the past 30 days, for about how many days have you felt sad, blue, or depressed?
(150-151)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

77. During the past 30 days, for about how many days have you felt worried, tense, or anxious?
(152-153)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

78. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?
(154-155)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

79. During the past 30 days, for about how many days have you felt very healthy and full of energy? (156-157)

a. Number of days	—	—
b. None	8	8
Don't know/Not sure	7	7
Refused	9	9

Module 35: Parenting

If Q41a, Q41b, Q41c are all "None" or "Refused" go to Next Module

[Note: This Module has been modified. As of 5/00 one child from the household will be randomly selected for this Module.]

The [randomly selected child -- oldest, second oldest, etc.] in your household has been randomly selected for the next few questions.

1. What is the age of the [oldest child or 2nd oldest child, etc]?
 - a. Age

Don't Know/Not Sure	7 7
No Children Under Age 18 Go to Next Module	8 8
Refused	9 9
2. Are you a guardian of the _____ year-old child?

1. Yes.....	1
1. No Go to Next Module	2
't know/not sure Go to Next Module	7
Refused Go to Next Module	9
3. Would you say you are the parent or guardian who spends the most time caring for the _____ year-old child?

a. Yes.....	1
2. No	2
Don't know/not sure	7
Refused	9
4. Is the _____ year-old child's time divided between parents or guardians who live in separate households?

a. Yes.....	1
2. No	2
Don't know/not sure	7
Refused	9

5. About how many hours did the _____ year-old child watch television yesterday?

- a. Number of hours of TV.....
- b. None8 8
- Don't know/Not Sure7 7
- Refused9 9

If child is 5-17 years old go to Q. 6. If the child is aged 1-4 go to Q. 10

6. To the following questions please answer how many days out of the past seven days you did the following activities with the _____ year-old child?

8=Don't Know

9=Refused

- 1. Played a sport, physical game, or exercised together with the _____ year-old child?.....
- B. Played a non-physical game with the _____ year-old child?.....
- 3. Watched television with the _____ year-old child?.....
- 4. Spent at least 20 minutes talking with the _____ year-old child?.....
- 5. Helped the _____ year-old child with school activities or homework?.....
- 6. Made the _____ year-old child responsible for completing a household chore?
- 7. Attended a game or event the _____ year-old child participated in?.....

7. Please answer yes or no to the following questions. Are there family rules about:

PLEASE READ EACH

	<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>Ref</u>
a. What time the _____ year-old child goes to bed on a school night?	1	2	7	9
2. The amount of time the _____ year-old child is allowed to watch television?	1	2	7	9
3. Which television programs and movies the _____ year-old child is allowed to watch?	1	2	7	9
d. Which computer or video games the _____ year-old child is allowed to play?	1	2	7	9
e. Use of the internet for the _____ year-old child?	1	2	7	9
8. Where does the _____ year-old child go most often when school lets out?				
a. Home.....				01
9. Child care provider/babysitter.....				02
10. Friend's home				03
11. Neighbor's home				04
12. Work.....				05
6. Spends time with friends.....				06
7. Community organization (YMCA, library, etc.).....				07
8. After school sport, club, or other organized activity...				08
9. Other (specify: _____).....				09
10. Not in school currently Go to Next Module				10
Don't Know/Not Sure				77
Refused.....				99

9. On how many days out of the past seven days was the _____ year-old child supervised by an adult after school?
- a. Number of days (**5 = 5 or more days**) **Go to Next Module**.....
 - b. Not in school currently **Go to Next Module**.....8
 - Don't know/Not Sure **Go to Next Module**.....7
 - Refused **Go to Next Module**.....9
10. To the following questions please answer how many days during the past seven days you have done the following activities with the _____ year-old child.
- 8=Don't Know**
9=Refused
- A. Played a sport, physical game, or exercised with the _____ year-old child?.....
 - B. Played a non-physical game with the _____ year-old child?.....
 - C. Watched television with the _____ year-old child?.....
 - D. Read to the _____ year-old child?.....
11. About how many hours per week does the _____ year-old child spend in a day care center, day care home, or pre-school?
- a. Number of hours a week (**76 = 76 or More**).....
 - b. None8 8
 - Don't know/Not Sure7 7
 - Refused..... 9 9

Module 32: Mental Health

These next few questions ask about your mental health.

1. In the past year, did you think about seeking help from family or friends for any personal or emotional problems?
 - a. Yes.....1
 - b. No.....2
 - Don't know/Not Sure.....7
 - Refused.....9

2. In the past year, did you think about seeking help from a therapist, counselor or self-help group for any personal or emotional problems?
 - a. Yes.....1
 - b. No.....2
 - Don't know/Not Sure.....7
 - Refused.....9

3. During the past five years have you thought you might have depression?
 - a. Yes.....1
 - b. No **Go to Q. 7**.....2
 - Don't know/Not Sure **Go to Q. 7**.....7
 - Refused **Go to Q. 7**.....9

4. During the past five years have you been diagnosed with depression?
 - a. Yes.....1
 - b. No **Go to Q. 7**.....2
 - Don't know/Not Sure **Go to Q. 7**.....7
 - Refused **Go to Q. 7**.....9

5. Did you receive treatment for your depression?

- a. Yes.....1
- b. No **Go to Q. 7**.....2
- Don't know/Not Sure **Go to Q. 7**.....7
- Refused **Go to Q. 7**.....9

6. Who treated you for depression?

Read only if necessary

- a. Psychologist.....0 1
- b. Psychiatrist.....0 2
- c. Family doctor.....0 3
- d. Mental health center.....0 4
- e. Self-help group.....0 5
- f. Family or Friends.....0 6
- g. Pastor, priest, rabbi or other religious counselor.....0 7
- h. Other (specify:_____).....0 8
- Don't know/Not sure.....7 7
- Refused.....9 9

7. Have you needed treatment for any personal or emotional problems during the last five years but been unable to get it?
- a. Yes.....1
 - b. No **Go to Q. 9**.....2
 - Don't know/Not Sure **Go to Q. 9**.....7
 - Refused **Go to Q. 9**.....9

8. Why were you unable to get treatment for your personal or emotional problem?

Read only if necessary

- a. Cost/Couldn't afford/Insurance would not cover.....1
 - b. Lack transportation.....2
 - c. No place was close enough/available/convenient.....3
 - d. Do not know where to go.....4
 - e. Do not trust psychiatrists/psychologist/doctors.....5
 - f. Embarrassed/Stigmatism.....6
 - Don't know/Not sure.....7
 - Other Reason (specify: _____).....8
 - Refused.....9
9. If you or someone in your family needed treatment for a mental health problem where would you go for help?
- [For the Saline County Survey "Private mental health agency" replaced options a., b., c., & d. and the remaining options were re-lettered.]**
- a. Private mental health agency.....0 1
 - b. Psychologist.....0 2
 - c. Psychiatrist.....0 3
 - d. Family doctor.....0 4
 - e. Mental health center.....0 5
 - f. Self-help group.....0 6

g. Family or Friends.....	0 7
h. Pastor, priest, rabbi or other religious counselor.....	0 8
i. State Hospital.....	0 9
j. Local hospital.....	1 0
k. Other (specify:_____)	1 1
Don't know/Not sure.....	7 7
Refused.....	9 9

Module 2: Health Care Utilization

[For the Saline County Survey Question 6 was deleted from this Module and the questions were renumbered.]

Now I am going to ask you some questions about the health care you receive.

1. How would you rate your satisfaction with your overall health care?

Would you say: **Please read**

- | | | |
|----|--|---|
| a. | Excellent | 1 |
| b. | Very Good | 2 |
| c. | Good | 3 |
| d. | Fair | 4 |
| | or | |
| e. | Poor | 5 |
| | Don't Know/Not sure | 7 |
| | Not applicable/don't use any health services | 8 |
| | Refused | 9 |

**Do not
read these
responses**

2. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

- | | | | |
|----|---------------------|--------------------------|---|
| a. | Yes | Go to Q. 5 | 1 |
| b. | More than one place | Go to Q. 4 | 2 |
| c. | No | | 3 |
| | Don't know/Not sure | Go to Next Module | 7 |
| | Refused | Go to Next Module | 9 |

3. What is the main reason you do not have a usual source of medical care?

- | | |
|--|-----|
| a. Two or more usual places | 0 1 |
| b. Have not needed a doctor Go to Next Module | 0 2 |
| c. Do not like/trust/believe in doctors
Go to Next Module | 0 3 |
| d. Do not know where to go Go to Next Module | 0 4 |
| e. Previous doctor is not available/moved
Go to Next Module | 0 5 |
| f. No insurance/cannot afford Go to Next Module | 0 6 |
| g. Speak a different language Go to Next Module | 0 7 |
| h. No place is available/close enough/convenient
Go to Next Module | 0 8 |
| i. Other Go to Next Module | 0 9 |
| Don't know/Not sure Go to Next Module | 7 7 |
| Refused Go to Next Module | 9 9 |

4. Is there one of these places that you go to most often when you are sick or need advice about your health?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Next Module | 2 |
| Don't know/Not sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 |

5. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?

a. Doctor's office or private clinic	0	1	
b. Company or school health clinic/center	0	2	
c. Community/migrant/rural clinic/center	0	3	
d. County/city/public hospital outpatient clinic	4		0
e. Private/other hospital outpatient clinic	0	5	
f. Hospital emergency room	0	6	
g. HMO/prepaid group	0	7	
h. Psychiatric hospital or clinic	0	8	
i. VA hospital or clinic	0	9	
j. Military health care facility	1	0	
k. Some other kind of place	1	1	
Don't know/Not sure	7	7	
Refused	9	9	

6. When did you last change doctors?

Read only if necessary

"Doctors" includes other health professionals	a. Within the past year (1 to 12 months ago)	1
	b. Within the past 2 years (1 to 2 years ago)	2
	c. Within the past 3 years (2 to 3 years ago)	3
	d. Within the past 5 years (3 to 5 years ago)	4
	e. 5 or more years ago	5
	f. Never Go to Next Module	8
	Don't know/Not sure Go to Next Module	7
	Refused Go to Next Module	9

7. Why did you change doctors that last time?

"Doctors" includes other health professionals	a. Changed residence or moved	0 1
	b. Changed jobs	0 2
	c. Changed health care coverage	0 3
	d. Provider moved or retired	0 4
	e. Dissatisfied with former provider or liked new provider better	0 5
	f. Former provider no longer reimbursed by my health care coverage	0 6
	g. Owed money to former provider	0 7
	h. Medical care needs changed	0 8
	i. Other	8 7
	Don't know/Not sure	7 7
	Refused	9 9

Module 38: Health and Health Care Related Absenteeism

[Questions 9 & 10 were deleted for the Saline County Survey.]

If Q.43 = 3,5,6,7,or 8, Skip to Next Module

10. Do you care or help care for an adult in your home who can not care for himself or herself?

- a. Yes.....1
- b. No..... 2
- Don't know/Not sure..... 7
- Refused 9

11. How many days out of the past year have you missed work due to illness of an adult other than yourself?

Number of days_____

None.....
 .8 8 8

Don't Know7 7 7

Refused.....9 9 9

If Q.41a, Q.41b, and Q.41c all equal "none", Skip to Q.5.

12. Do you have a child in child care?

- a. Yes.....1
- b. No Go to Q.5.....2
- Don't know/Not sure Go to Q.5.....7
- Refused Go to Q.5.....9

13. Do you have a child care facility or other place you can leave your child when he or she is sick?

- a. Yes.....1
- b. No..... 2
- Don't know/Not sure..... 7
- Refused 9

14. About how many days during the past year have you missed work for any reason?

Number of days_____

Don't know7 7

Refused.....9 9

(If greater than 2 days)

6. What was the one reason that caused you to miss the most number of days from work?

a. Virus, cold, flu, "bug", bronchitis.....0 1

b. Diabetes.....0 2

c. Lung disease, asthma, breathing problem.....0 3

d. Heart problem, chest pain.....0 4

e. Injury or accident.....0 5

f. Back pain or problem.....0 6

1. Headache, migraine.....0 7

2. Arthritis, joint problem.....0 8

1. Pregnancy.....0 9

10. Female problem other than pregnancy.....1 0

11. Stroke.....1 1

12. Cancer.....1 2

13. Mental illness, depression.....1 3

14. Illness of a family member.....1 4

15. Other (specify).....1 5

Don't know/Not sure.....7 7

Refused.....9 9

If Q.41a, Q.41b, and Q.41c all equal "none", Skip to Next Module

7. About how many days during the past year have you missed work because you were unable to find child care?

Number of days_____

None..... 8 8 8

Don't know 7 7 7

Refused.....9 9 9

8. How many days during the past year have you missed work due to illness of a child?

Number of days_____

None..... 8 8 8

Don't know7 7 7

Refused.....9 9 9

Module 22: Prostate Cancer Screening

If the respondent is female go to the Next module

If the respondent is a male aged 18-39 go to the Next Module

1. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer or other health problems. Have you ever had this exam?

- | | |
|--------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 3 | 2 |
| Don't know/Not Sure Go to Q. 3 | 7 |
| Refused Go to Q. 3 | 9 |

2. When did you have your last digital rectal exam?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

3. A prostate-specific antigen blood test or PSA test is a blood test to check for prostate cancer. Have you ever had a PSA test?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Next Module | 2 |
| Don't know/Not Sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 |

4. When did you have your last PSA test?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 34: 1999 Physical Activity

[For the Saline County Survey, Questions 5,6,7,8,9,10,14 & 15 were deleted and this Module was renumbered.]

If Q.43 = 3,5,6,7,or 8, skip to Q.5

The next few questions are about physical activity at work.

1. How many hours per week do you work at a job or business?

Number of hours (76 = 76 or more hours)__ __

Do not work/None Go to Q. 5.....8 8

Don't know/Not sure Go to Q. 57 7

Refused Go to Q. 5.....9 9

2. What kind of work do you do now?

Specify: _____

3. What kind of business or industry Is this? (What was made, sold, or service provided)

Specify: _____

4. When you are at work, which of the following best describes what you do?

Would you say: **Please Read**

a. Mostly sitting or standing.....1

b. Mostly walking.....2

or

c. Mostly heavy labor or physically demanding work.....3

Don't know/Not sure7

Refused.....9

**Do not
read these
responses**

Now I am going to ask you some questions about specific activities both at work and not at work, that you might have already included in your previous answers.

5. During the past seven days, how many days did you do any activities designed to increase muscle strength or tone, such as lifting weights, pull-ups, push-ups, or sit-ups?

If "yes," aska. Number days
 "How many days
 do you do b. No8 8
 these
 activities? Don't know/Not sure7 7
 Refused.....9 9

6. During the past seven days, how many hours did you spend watching television while sitting or lying down?

Number hours.....__ __
 None.....8 8
 Don't know/Not sure7 7
 Refused.....9 9

7. During the past seven days, how many hours did you spend using a computer during your leisure-time?

Number hours.....__ __
 None.....8 8
 Don't know/Not sure7 7
 Refused.....9 9

8. How much has your weight changed over the past five years?
- a. Gained (99 = 99 pounds or more)1
 - b. Lost (99 = 99 pounds or more)2
 - 3. No weight change.....5 5 5
 - Don't know/Not sure7 7 7
 - Refused.....9 9 9

If respondent is aged 18-21 then go to Next Module.

9. About how much do you think you weighed when you were 21 years old?
- a. Weight7 7 7
 - Don't know/Not sure7 7 7
 - Refused.....9 9 9

Module 43: Respiratory Conditions

1. Have you ever been told by a doctor that you had any of the following conditions:

	Yes	No	DK	REF
a. Emphysema or Chronic Bronchitis?	1	2	7	9
b. Lung cancer?	1	2	7	9
c. Osteoporosis?	1	2	7	9

2. During the past five years were you diagnosed with pneumonia ?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

3. Do you currently have asthma ?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Module 8: Firearms

The next questions are about safety and firearms. Firearms include weapons such as pistols, shotguns, and rifles. In answering the questions, do not include BB guns, starter pistols, or guns that cannot fire.

1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.
 - a. Yes 1
 - b. No **Go to Next Module** 2
 - Don't know/Not sure **Go to Next Module** 7
 - Refused **Go to Next Module** 9

2. Are any of the firearms handguns, such as pistols or revolvers?
 - a. Yes 1
 - b. No **Go to Q. 4** 2
 - Don't know/Not sure 7
 - Refused 9

3. Are any of the firearms long guns, such as rifles or shotguns?
 - a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

4. What is the main reason that there are firearms in or around your home?

Would you say for...

Please Read

- | | |
|----------------------|---|
| a. Hunting or sport | 1 |
| b. Protection | 2 |
| c. Work | 3 |
| or | |
| d. Some other reason | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

5. Is there a firearm in or around your home that is now both loaded and unlocked?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

The next three questions are about using firearms. If you are a police officer or have another occupation that requires and authorizes you to use a firearm, do not include firearm-use associated with your job.

6. During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

7. During the last 30 days, have you driven or been a passenger in a motor vehicle in which you knew there was a loaded firearm?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
8. During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
9. In the past three years, have you attended a firearm safety workshop, class, or clinic?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
10. Do any of the firearms kept in or around your home belong to you, personally?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 1: Health Care Coverage

If "Dk/Ns" or "Refused" to core Q. 2, go to next module.

I asked you previously about your health care coverage.

If "None" to core Q. 4a or core Q. 4b, continue. Otherwise, go to Q. 2.

1. What is the main reason you are without health care coverage?

- | | |
|---|-----|
| a. Lost job or changed employers
Go to Next Module | 0 1 |
| b. Spouse or parent lost job or changed employers
[includes any person who had been providing
insurance prior to job loss or change]
Go to Next Module | 0 2 |
| c. Became divorced or separated Go to Next
Module | 0 3 |
| d. Spouse or parent died Go to Next Module | 0 4 |
| e. Became ineligible because of age or because
left school Go to Next Module | 0 5 |
| f. Employer doesn't offer or stopped offering
coverage Go to Next Module | 0 6 |
| g. Cut back to part time or became temporary
employee Go to Next Module | 0 7 |
| h. Benefits from employer or former employer ran
out Go to Next Module | 0 8 |
| i. Couldn't afford to pay the premiums
Go to Next Module | 0 9 |
| j. Insurance company refused coverage
Go to Next Module | 1 0 |
| k. Lost Medicaid or Medical Assistance eligibility
Go to Next Module | 1 1 |
| l. Other Go to Next Module | 8 7 |
| Don't know/Not sure Go to Next Module | 7 7 |
| Refused Go to Next Module | 9 9 |

2. Other than [fill in type (Medicare/Medicaid/the health coverage which pays for most of your medical care) from core Q. 3, Q. 4a, or Q. 4b], do you have any other type of health care coverage?

Do not include plans that only cover one type of service or care	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

If respondent 66 years old or older, go to next module.
 If respondent answered "no", "don't know", or "refused" to core Q. 6 the go to next module.

3. What was the main reason you were without health care coverage?

a. Lost job or changed employers	0 1
b. Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]	0 2
c. Became divorced or separated	0 3
d. Spouse or parent died	0 4
e. Became ineligible because of age or because left school	0 5
f. Employer doesn't offer or stopped offering coverage	0 6
g. Cut back to part time or became temporary employee	0 7
h. Benefits from employer or former employer ran out	0 8
i. Couldn't afford to pay the premiums	0 9
j. Insurance company refused coverage	1 0
k. Lost Medicaid or Medical Assistance eligibility	1 1
l. Other	8 7
Don't know/Not sure	7 7

Refused

9 9

Module 28: Violence and Crime

These next few questions deal with violence or crime.

1. How afraid are you to leave your home at night? Would you say:

Please Read

- a. Very afraid1
- b. Somewhat afraid2
- c. A little afraid3
- or**
- d. Not afraid4
- DON'T KNOW/NOT SURE7
- REFUSED9

2. When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)?

Read Only if Necessary

- a. Within the past week1
- b. Within the past month2
- c. Within the past year3
- d. One or more years ago4
- e. Never5
- DON'T KNOW/NOT SURE7
- REFUSED9

3. During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?

- a. Yes1
- b. No2
- DON'T KNOW/NOT SURE7
- REFUSED9

Module 3: Oral Health

1. How long has it been since you last visited the dentist or a dental clinic?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | |
| Go to Q. 3 | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Never | 5 |
| Don't know/Not sure Go to Q. 3 | 7 |
| Refused Go to Q. 3 | 9 |

2. What is the main reason you have not visited the dentist in the last year?

Reason code

— —

Read only if necessary

- | | |
|---|-----|
| a. Fear, apprehension, nervousness, pain, dislike going | 0 1 |
| b. Cost | 0 2 |
| c. Do not have/know a dentist | 0 3 |
| d. Cannot get to the office/clinic (too far away, no transportation, no appointments available) | 4 0 |
| e. No reason to go (no problems, no teeth) | 0 5 |
| f. Other priorities | 0 6 |
| g. Have not thought of it | 0 7 |
| h. Other | 0 8 |
| Don't know/Not sure | 7 7 |

Refused

9 9

3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.
- | | |
|--------------------------|---|
| a. 5 or fewer | 1 |
| b. 6 or more but not all | 2 |
| c. All | 3 |
| d. None | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |
4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
5. Are you currently in need of any dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal?
- | | |
|---|---|
| a. Yes, fillings, caps or crowns, or root canal | 1 |
| b. Yes, teeth pulled, dentures or partials | 2 |
| c. Yes, both | 3 |
| d. No | 4 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |
- If "Yes" probe for which services**

Closing Statement

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in Saline County. Thank you very much for your time and cooperation.